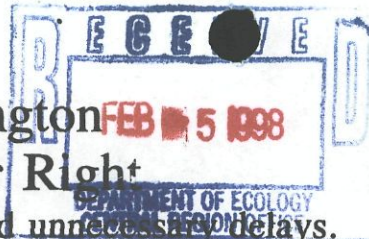




State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



For Ecology Use  
Fee Paid 10.00  
CK# 1923  
Date 2/5/98  
FM

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name TOWN OF TWISP Home Tel: (509) 997 - 4081  
Mailing Address P.O. BOX 278 Work Tel: (509) 997 - 4081  
City TWISP State WA Zip+4 98856 + FAX: (509) 997 - 9204

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name MAYOR JAMES.R. DORAN Home Tel: (509) 997 - 4081  
Mailing Address SAME AS ABOVE Work Tel: ( ) -  
City State Zip+4 + FAX: ( ) -  
Relationship to applicant MAYOR OF THE TOWN OF TWISP

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 200 ( ☒ gallons per minute or  
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the  
purpose(s) of MUNICIPAL WATER SUPPLY ATTACH A "LEGAL"  
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is  
not sufficient. SERVICE AREA &/OR LEGAL DESCRIPTION IS THE INCORPORATED LIMITS OF THE TOWN  
OF TWISP  
Estimate a maximum annual quantity to be used in acre-feet per year: 506

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be  
needed:  
From / / to / /

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for 4 well(s).		
Number of diversions: _____								
Source flows into (name of body of water):						Size & depth of well(s): Well #1 -See attached Well Site #2 " " " " #3 " "		
LOCATION						Well Site #4 -140ft. deep; 600gpm; 50hp pump		
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: SEE ATTACHED WATER FACILITIES INVENTORY (WFI) issued by WA ST D.O.H.								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SW	NE	17	33	22E	Okanogan			Twisp Ind. Park
For Ecology Use Date Received: FEBRUARY 5, 1999 Priority Date: FEBRUARY 5, 1999								
SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #								
Date Accepted As Complete By Date Returned By WRIA: 48								



## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: TOWN OF TWISP, Municipal Water System
- B. Briefly describe your proposed water system. (See instructions.)  
Municipal Water Supply System for domestic, sanitary, agriculture, fire protection and mechanical and industrial uses.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO  
PROVIDE DOCUMENTATION. G3-00139C  
6151A

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: n/a Type of connection Municipal Water Use  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? n/a ☐ YES ☐ NO  
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☒ YES ☐ NO  
If yes, when was it approved? 7/31/97 Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☒ YES ☐ NO  
If yes, when was it approved? 7/31/97 Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 382
- B. List total number of acres for other specified agricultural uses:
- |     |       |
|-----|-------|
| Use | Acres |
| Use | Acres |
| Use | Acres |
- C. Total number of acres to be covered by this application: 382
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO  
If yes, enter permit no: \_\_\_\_\_
- E. Farm uses: n/a  
Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_



## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? (see Water Comp Plan) ☒ YES ☐ NO

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.*

## Section 9. DRIVING DIRECTIONS

**Provide detailed driving instructions to the project site.**

TOWN OF TWISP, OKANOGAN COUNTY, WASHINGTON  
(S.R. 20)

## Section 10. REQUIRED MAP

- A. Attach a map of the project. **(See instructions.)**  
SEE ATTACHED

## Section 11. PROPERTY OWNERSHIP

- A. Does the applicant own the land on which the water will be used? Municipality ☐ YES ☐ NO  
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

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- B. Does the applicant own the land on which the water source is located? XX ☒ YES ☐ NO  
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

James R. Doran  
Applicant (or authorized representative) Mayor

February 3, 1998

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Date

TOWN OF TWISP same  
Landowner for place of use (if same as applicant, write "same")

February 3, 1998

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Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).